

If for any reason a fee is required, a fee paid is inadequate or credit is owed for any excess fee paid, you are hereby authorized and requested to charge Deposit Account No. **04-1105**.

Should the Examiner wish to discuss any of the amendments and/or remarks made herein, the undersigned attorney would appreciate the opportunity to do so.

Respectfully submitted,



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VERSION WITH MARKINGS TO SHOW CHANGES MADE IN CLAIMS

Please note that additions to the claims are shown underlined and deletions are shown in brackets.

Please amend claim 1 as follows:

1. A thermoplastic resin composition comprising:
a transparent aromatic thermoplastic resin (a) and
a copolyester resin (b) [consisting essentially of] comprising at least two kinds of dicarboxylic acid moieties and at least one [kind of aliphatic] diol moiety the at least one diol moiety consisting of aliphatic diols, 1 to 50 mold of the dicarboxylic acid moieties being a naphthalenedicarboxylic acid moiety,
the ratio of (a) to the combined amount of (a) and (b) being 55 to 99.99% by weight, and the ratio of (b) being 0.01 to 45% by weight, and
said transparent aromatic thermoplastic resin (a) showing a visible light transmittance of not less than 80% when molded into a 3 mm thick product.